

NHS East Berkshire Clinical Commissioning Group Annual General Meeting 2018

Wednesday 5th September 2018 14:00 – 16:00

in the Royal Suite, Windsor Racecourse, Maidenhead Road, Windsor, SL4 5JJ

Final Minutes

| Present | | |
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| Dr William Tong (Chair) | CCG Clinical Chair | WT |
| Dr Andy Brooks | Chief Clinical Officer | AB |
| Nigel Foster | Director of Finance | NF |
| Debbie Fraser | Deputy Director of Finance | DF |
| Fiona Slevin-Brown | Director of Strategy & Operations | FS-B |
| Sarah Bellars | Director of Nursing & Quality | SB |
| Dr Lalitha Iyer | Medical Director | LI |
| Dr Adrian Hayter | Locality Lead, Windsor, Ascot & Maidenhead | AH |
| Dr Jim O'Donnell | Locality Lead, Slough | JO |
| Sally Kemp | Lay Member, Bracknell & Ascot Locality | SK |
| Arthur Ferry | Lay Member, Windsor, Ascot & Maidenhead Locality | AF |
| Dr Nuzhet A-Ali | Governing Body GP Member | NA |
| Clive Bowman | Lay Member, Slough Locality | CB |
| Dr Martin Kittel | Governing Body GP Member | MK |
| Dr Nithya Nanda | Governing Body GP Member | NN |
| Dr Mike Hoskin | Governing Body GP Member | MH |
| Dr Huw Thomas | Governing Body GP Member | HT |
| Angela Morris | Local Authority GB Member, RBWM | AM |
| Apologies | | |
| Dr Jackie McGlynn | Locality Lead, Bracknell & Ascot Locality | JM |

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| 1. | Introduction | Lead |
| 1.1 | Chair's introduction and apologies for absence Dr William Tong welcomed our member/member practices, residents and patients and our colleagues across the health and care system. He welcomed Dr Andy Brooks from Surrey Heath, now Clinical Chief Officer for Surrey Heath and East Berkshire CCG. Apologies were received from Dr Jackie McGlynn. | WT |
| 1.2 | Conflicts of Interest to declare in relation to the agenda There were no conflicts of interest | WT |
| 1.3 | Minutes of the meetings held in September 2017 for the three CCGs The minutes of the three CCGs were formally approved and signed off | WT |
| 2. | Annual Report | |
| 2.1 | Achievements of the CCGs in 2017/18 – Dr William Tong (Clinical Chair) During 17/18 we were 3 CCGs and we have one AGM to celebrate 2017-2018. We need to recognise the leadership in those 3 CCGs:- Dr Jim O'Donnell, Dr Adrian Hayter and myself. Through our leadership we have been successful but the journey is not yet finished as we go forward into the Frimley Health | WT |

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| | <p>Integrated Care system. That journey also included John Lisle’s leadership as Accountable Officer during 17/18, our three Governing Bodies developed into one “in common”. I also want to thank our executive team, lay members and clinical leads from the GP community. Through their hard work you will see this translated into the things we have achieved.</p> <p>During 17/18 the three CCGs were separately awarded Outstanding by NHS England. We stood out for Leadership and Financial Control. In the first quarter of 2018 we also achieved that standard for Quality.</p> <p>It was not just about a merger. We wanted to focus on our population in each Locality but we recognised we needed to do things at scale so moved to one single Governing Body in Common for East Berkshire which reduced duplication of work. We have been able to build strong relationships between provider and commissioner and with our colleagues in the Local Authorities.</p> <p>We also took on delegation of General Practice in 17/18. All practices had achieved good or above ratings with CQC by April 2018. By April 2018, Extended Hours in general practice was available to all registered patients.</p> <p>17/18 saw the launch of the new NHS 111 service with the new integrated clinical hub.</p> | |
| 2.2 | <p>Looking Forward to the CCG’s Strategic Direction – Dr Andy Brooks (Chief Officer)</p> <p>AB advised the NHS 10 Year Plan is under development and will reinforce current priorities:- Mental Health, Cancer, Urgent Care and Primary Care. There will also be new focus on Children’s Mental Health, Prevention and Personal Responsibility, Cardiovascular & Respiratory Disease and Health & Social Care integration and focus on multi-morbidity.</p> <p>The 5 Year Plan will focus on financial settlement and will be announced in the Autumn.</p> <p>He explained what an integrated care system is and the different levels services are organised at – Neighbourhood, Place, System and Region.</p> <p>One of the things he will concentrate on this year is General Practice and thinking about what things will help GPs at scale. We are one of ten systems nationally to have been given some extra money and this will help to focus on helping General Practice. Other priorities are Integrated Care teams and how we develop them and Commissioning within the Frimley Integrated Care System, which has a population of 800,000 people and involves 30 statutory bodies.</p> | AB |
| 2.3 | <p>Presentation of Annual Accounts 2017/18 – Nigel Foster (Director of Finance)</p> <p>For 17/18 there were three sets of separate accounts but for this presentation they were brought together. Nigel Foster introduced charts to explain how the money was spent in the three localities. He reflected on how things have changed in the NHS over the years and compared how much was spent on healthcare in 1949/50 compared to 2016/17. UK health spending per head in 2016/17 was £2187 as opposed to £9 in 1949/50. He looked at what kills us in 2017 compared to 1948 and how life expectancy has increased so that we live on average 13 years longer. He also looked at how deaths of babies has reduced drastically and how we are prescribing more drugs. Money is being</p> | NF |

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| | invested in our local hospitals, for example £100m is being spent on Heatherwood Hospital for elective care. | |
| 2.4 | Members acknowledged that The Accounts and Annual Reports for 2017/18 had been approved by Audit Committee and submitted to NHS England. | |
| 3. | Challenges and Opportunities from the Locality Leads. | |
| 3.1 | <p>Bracknell and Ascot – Dr Martin Kittel (Bracknell & Ascot Governing Body GP)</p> <p>Dr Martin Kittel updated the members on the Integrated Neurology Service which is being re-commissioned. There has been an investment of £512k for a co-ordinated service across the ICS integrating all providers as one seamless service.</p> <p>Dr Wishav Goel updated the members on IT projects including the IT strategic road map and single domain review of project objectives. This will lay the infrastructure foundations for future emerging technologies to be implemented (GP WIFI, Single Sign On, Mobile working etc)</p> <p>Dr Katie Caird, Safeguarding Lead, updated the meeting on the purpose and roles of the team. Each practice now has a safeguarding lead and last year’s achievements included regular education meetings with practice safeguarding leads to distribute information and share local issues, continued information sharing and following a recent audit which showed variable quality in completing child protection reports this has been actioned and improved. The team work closely with Social Care sharing issues.</p> <p>Dr Rohail Malik updated the meeting on the recent Urgent Care conversation to understand what is important for local people and why they choose a particular urgent care service. We have reached 2246 people in total equating to 5% of the CCGs population.</p> <p>Dr Megan John, Older People and PLCV Lead, explained the work we have been doing around older adults and dementia including education and self-care sessions for older adults helping them to live well while linking third sector and health organisations, working across care homes, councils, primary and secondary care and driving up Dementia diagnosis rates and all practice staff awareness of dementia patients and their needs.</p> <p>For Priorities, protocols and IFR we have increased transparency, streamlined processes, undertaken training of primary and secondary care staff to reduce confusion and increased our collaboration with different areas to improve equality, reduce costs and waits for decisions.</p> <p>Dr Martin Kittel also advised on improvements on dermatology (Community Services soon to be implemented), Ophthalmology (triage service pilot has been a huge success with referrals, waiting times and expenditure significantly reduced) and MSK (successful 100 day workstream in Arthritis leading to commissioning of arthritis care workshops) and OA hip and knee patient pack gaining national attention by NHS England.</p> | |
| 3.2 | <p>Slough – Dr Jim O’Donnell (Slough Locality Lead)</p> <p>Dr Jim O’Donnell thanked the practices, community champions, residents and patients who have worked with us to enable us to engage with our population.</p> <p>Dr O’Donnell explained some of the successes achieved in 17/18.</p> | |

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| | <p>In 17/18 we have improved Cancer screening, improved the Stroke service delivery and prevention, used a new and different approach on Diabetes with Diabetes Champions and focused on Health Inequalities.</p> <p>The McMillan Slough Bowel Cancer Screening project was re-started in November 2017 and since then 14 out of 16 practices have increased the uptake of the programme by patients.</p> <p>After two years of planning, stroke service changes were implemented from January 1st so local people suspected of having a stroke are now taken straight to the nearest hyper-acute stroke unit by ambulance to receive the best possible care without delay.</p> <p>In East Berkshire we delivered big improvements in preventing Atrial Fibrillation-related strokes with latest data showing 83% of our patients with AF and a high risk of stroke are receiving oral anticoagulation.</p> <p>A Diabetes Community Champions Programme was implemented to help to educate and raise awareness of type 2 diabetes by organising local events and delivering presentations and talks.</p> <p>Finally he outlined the factors which affect health outcomes and why inequality matters. For this reason the Frimley ICS Board members have agreed to add addressing health inequalities to our shortlist of priorities.</p> | |
| 3.3 | <p>Windsor, Ascot and Maidenhead – Dr Adrian Hayter (WAM Locality Lead) Dr Adrian Hayter looked back over the past five years and stressed the importance of the strengths of partnerships we have forged in WAM, particularly with the Local Authority. Membership of the Health & Wellbeing Board takes into account our strategic needs, especially around New Vision of Care.</p> <p>He read a letter from Jeremy Hunt dated March 2018 congratulating WAM CCG on improving their 18 week referral to treatment performance in January 2018 compared with the period Nov-Dec 17, improving from 91.8% to 93.3%. This was a good example of five years of work and how our three CCGs have worked with others to ensure our patients got the operations they needed. Another success was with the cancer 62 day wait target. At the end of the last quarter 17/18 95% of patients were being treated within that timescale.</p> <p>We adopted the New Vision of Care strategy across the 3 CCGs. This was a new way of working with people with complex care needs and frailty working alongside the Local Authority to really make a difference.</p> <p>WAM has the highest number of care homes in the country. We worked in collaboration with care homes on getting training standardised to IS50 standard on NICE on how we work with dementia.</p> <p>Dr Huw Thomas has worked on a new service for End of Life which has made a difference to our patients.</p> <p>We recently took over primary care commissioning which has meant working more closely with our practices.</p> <p>Dr Amandeep Dosanjh has led some changes to free up GP time rather than doing admin tasks.</p> | |

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| | <p>Social Prescribing supports people who are lonely and carers connecting people into the community. They have seen over 600 people this year producing real results.</p> <p>In summary, five years of being a very active population of practices to be able to understand the needs of our residents and make changes which improve their lives. Looking forward we will go on to continually improve and look to those areas where the need is most required.</p> <p>It is great to work within our new system, not just with doctors but volunteers, the Army, social workers etc. all working together to support care needs. Every GP is an advocate for their patient. We have the opportunity to do things not just for the patient in front of us but across scale.</p> | |
| 4. | Questions from the Floor. | |
| 4.1 | <p>I would like to know what is happening about prescribing the Freestyle Libra flash for diabetes patients in East Berkshire?</p> <p>Dr Nithya Nanda – We have looked at it in a Task & Finish Group and have prepared a paper. There are some issues around lack of evidence. There is a group of clinicians looking at clinical evidence and this will be re-presented at the Quality Committee at the end of September. However at the moment there is no funding.</p> | |
| 4.2 | <p>How does the CCG decide what work to fund on initiatives and pilots?</p> <p>Dr Andy Brooks – Each year as a CCG we look at the needs of our population from data received from Public Health. We discuss this with local practices and decide on commissioning intentions. We then go to Nigel Foster in Finance and say this is the money, this is the need, what are the priorities. Where is the best place for that care to be delivered, district nurses, hospitals, primary care, then who is the best person to provide that and contracts are drawn up.</p> <p>Dr William Tong – The idea may come from any group of providers. We will look at the evidence-base which may result in a Pilot. Depending on the results there may be a need to go out to procurement. There is a robust process.</p> | |
| 4.3 | <p>The rights which allow NHS patients to choose at which hospital the patient will receive the treatment is still respected by EB CCG and that means you are paying for such a patient and have made provision for such treatment.</p> <p>Dr Andy Brooks - If East Berkshire CCG have agreed we can supply services then patients have the option to choose where they want to go for the treatment. If we have not commissioned that treatment they would not be able to get that treatment in East Berkshire or anywhere in the country. If a treatment is not available on the NHS patients can pay to have it privately.</p> | |
| 4.4 | <p>For those people who cannot get treatment locally because the treatment is not available, do they have the right to choose an out of area hospital and when I say they have the rights and do you have to pay for that choice, or EB CCG will pay ?</p> | |

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| <p>4.5</p> | <p>Sarah Bellars – The rules are available on the website for the public to see. The link to be given to the lady concerned after the meeting.</p> <p>Following Dr Jim O’Donnell’s Arterial Fibrillation slide, there would appear to be a shortfall on diagnosis. How much can we do to fill the gap?</p> <p>Dr Jim O’Donnell – We are managing to close the gap. It is important that the public understand if they feel their heart rate is not quite right to go to their GP for an assessment. It is the GP’s job to examine the patient, do the relevant test then make a diagnosis on whether AF is the problem then explain to the patient, explain the risk and explain whether they need anti-coagulation or not. The GP or nurse will also look at other risk factors for a possible stroke. AF is responsible for 1/5 of all strokes. If you are diagnosed with AF you need anti-coagulation treatment.</p> <p>It is important to get health education in schools and getting patients active in populating the message. If you do have it, has it been diagnosed correctly and monitored correctly.</p> | |
| <p>4.6</p> | <p>Are there any plans to have a Crisis Café at Wexham Park Hospital?</p> <p>Dr Katie Simpson (Mental Health Clinical Lead) – Not at the moment although we are aware of the evidence in the South of our ICS and we are exploring options for enhanced crisis support e.g. Crisis Cafes, Crisis Houses etc. I am confident this is something we can achieve in the next two years. We have previously considered a proposal for a Crisis Café but it had been decided that for the service to operate efficiently we would need to have enhanced day care services. With the Wellbeing service coming on stream next year - changing the front door to Mental Health services and merging Talking Therapies and CPE access along with voluntary sector support - we will have improved support for patients in the community making a Crisis Café more viable. We also now have a core 24 liaison service at Wexham Park and approved long term funding for Frimley Park Children’s Psychiatric Liaison. We recognise that anything we can do to prevent psychiatric admission, which is often out of area, and keep families close together is a real priority and are working with Berkshire Health Foundation Trust to look at ways of both improving patient care and reducing out of area placement spend so these resources can be reinvested in improved crisis support for patients.</p> | |
| | <p>This concluded the meeting</p> | |